Please type a plus sign (+) inside this box   Under the Paperwork Reduction Act of 1995, no persons are a valid OMB control number.	Patent and Trademark Office;	U.S. C	PTO/SB/01 (12-97) grough 9/30/00. OMB 0651-0032 DEPARTMENT OF COMMERCE I information unless it contains	-
	Attorney Docket Num	ber	J-9901-US	
DECLARATION FOR UTILITY OR DESIGN	First Named Inventor		HAM, Pierre	
PATENT APPLICATION	COMPLE	TE II	F KNOWN	
(37 CFR 1.63)	Application Number			
UNSIGNED	Filing Date			
⊠ Declaration     Submitted OR Submitted after Initial	Group Art Unit			
with Initial Filing (surcharge Filing (37 CFR 1.16 (e)) required)	Examiner Name			
	•			_

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.										
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint invento r (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:										
PLURAL COND	OUIT REPLACEABI FLOW SYSTEM									
the specification of which is attached hereto OR	(Title	e of the Invention)								
was filed on (MM/DD/YYYY) as United States Application Number or PCT International										
Application Number	and wa	as amended on (MM/DD/Y	m	· · · · · · · · · · · · · · · · · · ·	(if applicable).					
	viewed and understand the cont specifically referred to above		ied specification,	including the dai	ms, as					
	sclose information which is m		efined in 37 CFR	1.56.						
certificate, or 365(a) of any i America, listed below and hav	I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Co YES	py Attached? NO					
			0000	0000	0000					
Additional foreign applicat	ion numbers are listed on a s	umniemental priority data si	heet PTO/SR/02F	3 attached bereto	r					
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/S8/02B attached hereto: I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.										
Application Number	(s) Filing Date	(MM/DD/YYYY)								
Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.										

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Informa tion Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box   Under the Paperwork Reduction Act of 1995, no persons a valid OMB control number.	PTO/SB/01 (12-97)  Approved for use through 9/30/00. OMB 0651-0032  Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE are required to respond to a collection of information unless it contains
---	--

DEC	<u> LA</u>	<u>RATIO</u>	<u>N —</u>	<u> - U1</u>	tility	orl	<u>Desi</u>	gr	Pate	ent A	App	olicatio	on
I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international applicat ion designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disc. United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the of the information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application.													
U.S. Parent Application or PCT Parent Parent Filing Date Parent Patent Number  Number (MM/DD/YYYY) (if applicable)													
								_					ereto.
	As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact at I business in the Patent and Trademark Office connected therewith:  Customer Number  OR  Registered craditioner(s) name/registertion number listed below												
	<del></del>		<u> </u>	Registe	Registra		name/regis	tratic	n number list	ea belov	<u> </u>		stration
	Nam	9			Numt				Nan	10			mber
BARRY	L. C	LARK		20	,249								
Additional r	egistered	practitioner(s).na	amed on	supple	mental Re	egistered f	Practitioner	Info	rmation shee	t PTO/S	B/02C a	ttached her	eto.
Direct all corre	espond			ner Nur Code L					OR	XI c	orresp	ondence add	ress below
Name	Bar	ry L. Cl.	ark						_				
Address	175	9 We-Go	Trai	1									
Address													
City	Dee	rfield					State		IL	ZIP	600	15-4611	
Country	USA	A Telephone 847/945-1932 Fax 847/945-1905							05				
believed to be	true; and ine or in	statements mad further that the prisonment, or b issued thereon.	se state	n of my ments v	own kno were mad	wledge ar	e true and knowledg	that e th	all statemer	statem	ents ar	ndthelike s	o made are
Name of So	le or F	irst Invento	r:				□Аре	titio	n has been	filed fo	r this u	unsigned inve	ntor
Ģi	ven Nar	ne (first and m	iddle [if	any])					Famil	y Name	or Su	mame	
	Pie	rre					нам	[				-	
Inventor's Signature							<b>.</b>		,			Date	
Residence: C	esidence: City BOUGIVAL State Country FRANCE Citizenship FR												
Post Office Ad	Idress	14 Doma	ine	de 1	a Jo	ncher	е						
Post Office Ad	Post Office Address												
city BOUG	IVAL		State			ZIP	78	38	0	Cou	ntry	FRANCE	
Additional	invento	rs are being na	med o	n the	l_sup	plementa	al Addition	nal I	nventor(s)	sheet(s	) PTO/	SB/02A attac	hed hereto

Please type a plus sign (+) inside this box -	>	+	
---	---	---	--

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## **DECLARATION**

## ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

Name of Additional Joint Inventor, if any:									ventor		
Given Name (first and middle [if any])				Family Name or Surname							
A	lain			BLANCHON							
Inventor's Signature										•	
Residence: City	NOISY LE ROI	State			Country	FRANCE	Citizens	ship	FR		
Post Office Address	12 Rue Jacques Bossuet										
Post Office Address		,									
City	NOISY LE ROI	State			ZIP	78590	Country	, FRA	NCE		
Name of Addition	nal Joint Inventor, if a	ny:			A petitio	n has been file	d for th	nis unsig	gned in	ventor	
Given Na	me (first and middle [if an	y])		$\bot$		Family Nar	ne or S	Sumame	•		
P	hilippe				LAVE	RNHE					
Inventor's Signature	Date										
Residence: City	POITIERS	RS State Country FRANCE						Citize	FR		
Post Office Address	4 rue St Hila	aire		•					-		
Post Office Address											
City	POITIERS	State			ZIP	86000	Coun	try F	RANC	E	
Name of Addition	nal Joint Inventor, if a	ıny:			A petitio	n has been file	d for th	nis unsig	ned in	ventor	
Given Na	me (first and middle [if an	y])				Family Nar	ne or S	Sumame			
Н.	ossein			N	ADER:	I .					
Inventor's Signature	·						Da	ite			
Residence: City	POITIERS	State Country FRANCE Citizenship					nship	FR			
Post Office Address	26 Route de No	ouaill	е								
Post Office Address			_								
City	POITIERS State ZIP 86000 Country FRANCE							NCE			

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.